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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Catholic Health Initiatives

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1999 Broadway Suite 4000

City or town, state or country, and ZIP + 4
Denver, CO 80202

D Employer identification number
47-0617373

E Telephone number
(303) 298-9100

G Gross receipts $ 1,024,310,794

F Name and address of Principal Officer
Kevin Lofton
1999 Broadway Suite 4000
Denver, CO 80202

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶ 0928

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW CATHOLICHEALTHINIT ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1996

M State of legal domicile CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Catholic Health Initiatives (CHI) is a national faith-based non-profit healthcare organization CHI serves as an integral part of its national system of hospitals and other healthcare providers

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	2,605
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	924,903
b	Net unrelated business taxable income from Form 990-T, line 34	7b	923,903

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,136,559	2,409,585
9	Program service revenue (Part VIII, line 2g)	936,392,562	995,581,888
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,269,455	15,179,479
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,534,051	11,139,842
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,023,332,627	1,024,310,794

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,013,427	9,073,349
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	144,255,610	198,616,030
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	917,835,926	862,466,779
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,066,104,963	1,070,156,158
19	Revenue less expenses Subtract line 18 from line 12	-42,772,336	-45,845,364

Net Assets or Fund Balances

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	4,333,356,986	4,055,302,285
21	Total liabilities (Part X, line 26)	3,909,006,575	4,376,862,684
22	Net assets or fund balances Subtract line 21 from line 20	424,350,411	-321,560,399

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

Signature of officer — Date: 2010-04-28

Susanna laundy INTERIM EXEC SVP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CATHOLIC HEALTH INITIATIVES
9780 MT PYRAMID COURT
ENGLEWOOD, CO 80112

EIN ▶

Phone no ▶ (720) 874-1500

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

The organization's mission is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 772,087,332 including grants of $ 9,073,349) (Revenue $ 993,711,567)

To fulfill its mission, CHI, as a values-based organization, assures the integrity of the ministry by fostering research and development of new ministries that integrate health, education, pastoral and social services, promoting leadership development and formation for the ministry throughout the organization, advocating for systemic changes with specific concern for persons who are poor, alienated and underserved, and stewarding resources by providing coordinated management and strategic planning services along with centralized shared services (payroll, H/R, A/P and purchasing) for the CHI national healthcare ministry (See Schedule O)

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 772,087,332 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	4,073		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,605		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country CJ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?		9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		No
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 14		
b	Enter the number of voting members that are independent . .	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Susanna Laundy
9780 Mt Pryamid Court
Englewood, CO 80112
(720) 874-1708

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								17,014,517	6,963	749,187

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 314

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Deloitte Consulting LLP	Consulting Services	26,230,801
Ernst Young LLP	Auditing Consulting	4,138,551
Hewitt Associates	HR Consulting	16,212,540
McKesson Info Solutions	Healthcare IT	5,416,752
Revenue Cycle Partners LLC	Revenue Cycle	5,046,265

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 57

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 1,270,212				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,139,373				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	2,409,585			
Program Service Revenue		Business Code				
	2a	Assessments	900,099	829,676,766	871,249,665	917,626
	b	Interest Income	900,099	101,073,340	101,073,340	
	c	Premiums	900,099	53,959,121	10,515,901	
	d	Research Revenue	900,099	4,609,646	4,609,646	
	e	Management Fees	541,610	3,621,220	3,621,220	
	f	All other program service revenue		2,641,795	2,641,795	
	g	**Total. Add lines 2a-2f** ▶ $ 995,581,888				
	3	Investment income (including dividends, interest other similar amounts) ▶	62,067,404		7,277	62,060,127
	4	Income from investment of tax-exempt bond proceeds ▶	3,170,674			3,170,674
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory -50,058,599				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss) -50,058,599				
	d	Net gain or (loss) ▶	-50,058,599			-50,058,599
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	GAIN ON BOND DEFEASANCE 900,099	10,844,860			10,844,860
	b	NCL Conference 900,099	195,380			195,380
	c	Employee Loan Repayment 900,099	98,052			98,052
	d	All other revenue _____	1,550			1,550
	e	**Total. Add lines 11a-11d** ▶ $ 11,139,842				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	1,024,310,794	993,711,567	924,903	26,312,044

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	9,073,349	9,073,349		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	14,608,262	0	14,608,262	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	143,124,553	29,986,202	0	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,349,606	1,396,425	5,953,181	0
9 Other employee benefits	23,691,699	4,324,749	19,366,950	0
10 Payroll taxes	9,841,910	2,208,095	7,633,815	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	1,264,375	0	1,264,375	0
c Accounting	12,752,015	0	12,752,015	0
d Lobbying	0	0	0	0
e Professional fundraising *See Part IV, line 17*	0			0
f Investment management fees	0	0	0	0
g Other	32,974,181	6,862,439	26,111,742	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	15,819,766	1,778,056	14,041,710	0
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	6,203,047	19,962	6,183,085	0
17 Travel	6,069,004	940,386	5,128,618	0
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19 Conferences, conventions and meetings	2,668,400	195,380	2,473,020	0
20 Interest	142,782,363	142,782,363	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	31,368,692	4,610,257	26,758,435	0
23 Insurance	121,830,040	121,827,253	2,787	0
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Unrelated Business Taxes	84,991	0	84,991	0
b Group Medical Plan Costs	348,649,205	348,649,205	0	0
c Repairs and maintenance	129,044,885	95,227,372	33,817,513	0
d Restructuring Losses	6,052,374	674,460	5,377,914	0
e Dues & subscriptions	1,716,467	200	1,716,267	0
f All other expenses	3,186,974	1,531,179	1,655,795	0
25 **Total functional expenses.** Add lines 1 through 24f	1,070,156,158	772,087,332	298,068,826	0
26 **Joint Costs.** Check ☑ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,950	1	1,950
	2	Savings and temporary cash investments		348,996,509	2	276,039,035
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		48,305,785	4	73,090,959
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		2,194,017,468	7	2,311,108,740
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9,582,336	9	15,897,090
	10a	Land, buildings, and equipment cost basis	10a 266,641,924			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 126,849,773	157,653,437	10c	139,792,151
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		1,468,649,801	12	1,144,357,366
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		106,149,700	15	95,014,994
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		4,333,356,986	16	4,055,302,285
Liabilities	17	Accounts payable and accrued expenses		200,837,548	17	118,483,831
	18	Grants payable			18	
	19	Deferred revenue		7,272,922	19	9,342,858
	20	Tax-exempt bond liabilities		2,723,370,000	20	2,966,885,000
	21	Escrow account liability *Complete Part IV of Schedule D*		8,279	21	13,184
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		810,750,000	23	550,625,000
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		166,767,826	25	731,512,811
	26	**Total liabilities.** *Add lines 17 through 25*		3,909,006,575	26	4,376,862,684
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		417,210,979	27	-324,003,191
	28	Temporarily restricted net assets		7,139,432	28	2,442,792
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		424,350,411	33	-321,560,399
	34	Total liabilities and net assets/fund balances		4,333,356,986	34	4,055,302,285

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			No
b	Were the organization's financial statements audited by an independent accountant?	2b			No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a			No
b	If "Yes," did the organization undergo the required audit or audits?	3b			

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**	Yes	
(ii) a family member of a person described in (i) above? **11g(ii)**	Yes	
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**	Yes	

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	133,749	281,570	18,798	7,136,559	2,409,585	9,980,261
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	418,873,641	489,240,831	529,993,743	929,100,420	994,629,193	3,361,837,828
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5	419,007,390	489,522,401	530,012,541	936,236,979	997,038,778	3,371,818,089
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	2,354,580				2,354,580
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000	198,192,624	217,211,314	267,615,900	344,266,284	598,849,588	1,626,135,710
c Total of lines 7a and 7b	198,192,624	219,565,894	267,615,900	344,266,284	598,849,588	1,628,490,290
8 **Public Support** (Substract line 7c from line 6)						1,743,327,799

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	419,007,390	489,522,401	530,012,541	936,236,979	997,038,778	3,371,818,089
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,701,861	39,012,377	53,179,068	61,337,363	65,227,627	253,458,296
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	737,078	202,611	1,113,055	7,297,328	924,903	10,274,975
c Add lines 10a and 10b	35,438,939	39,214,988	54,292,123	68,634,691	66,152,530	263,733,271
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		11,068,442	22,861	2,534,051	294,982	13,920,336
13 **Total Support** (Add lines 9, 10c, 11 and 12)						3,649,471,696

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	47 769 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	44 668 %

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	7 227 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	7 92 %

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Catholic Health Initiatives	47-0617373

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		157,000
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		10,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		4,000
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			171,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
990 Sch C Supplemental	Lobbying Activities Explanation	Part II-B Line 1a 1 a Catholic Health Initiatives' online Advocacy Action Center was available to the general public and CHI employees for use in sending letters by e-mail to members of Congress Draft letters were provided on CHI advocacy priorities Individuals were able to create their own letters as well 1 b CHI has a Senior Vice President Advocacy and a Director of Public Policy who spend a portion of their time on lobbying activities at the federal level with minimal state level lobbying The majority of lobbying-related activities are consultative to leadership and staff of the system's hospitals and health care organizations However, some personal meetings, phone calls, and written communications occur between CHI system staff and legislators or legislators' staff 1 d CHI communicates with leaders of the system's hospitals and health care organizations on advocacy activities primarily through e-mail Most communications with Congress occur electronically through the Advocacy Action Center Letters are occasionally mailed to members of Congress CHI advocacy activities included communications on CHI advocacy priorities, including provisions in legislation on health care reform, rural health care, SCHIP reauthorization, the American Recovery and Reinvestment Act, and the Medicare Improvements for Patients and Providers Act 1 g CHI leaders have personally met with members of Congress or their staffs and made telephone calls to express positions on CHI advocacy priorities, including health care reform, fair payment under Medicare and Medicaid, protection of Catholic health care and rural health care issues 1 h CHI cosponsored the Colorado Health Care Summit, December 5, 2008 An overview of Catholic Health Initiatives lobbying activities is provided below Central to the Catholic Health Initiatives mission and vision is a commitment to advocate for systemic changes to improve the health and well-being of individuals and communities with a specific concern for persons who are poor and marginalized The Catholic Health Initiatives advocacy activities are inextricably linked to its fundamental goal to build healthier communities One dimension of the Catholic Health Initiatives program focuses on public policy advocacy, which includes attention to federal and state legislative and regulatory measures, formation of positions on priority issues, and political activism The Catholic Health Initiatives public policy agenda includes both traditional health care policies as well as social justice policies Policies addressing the expansion of health coverage and access, protection of Medicare and Medicaid, quality care, workforce shortages, protection of religiously-sponsored health care entities, children's health, palliative care, and the viability of not-for-profit health care are vitally important to Catholic Health Initiatives Also important are policies that address societal concerns and injustices and policies that ultimately impact the health of individuals and communities Catholic Health Initiatives believes advocating for policy measures that improve education, housing, employment, and socioeconomic status, particularly on behalf of the most vulnerable in society, is essential At the Catholic Health Initiatives national office, public policy priorities are identified and advocacy strategies are initiated The national advocacy office develops resources to facilitate the involvement of the entire health system in grassroots public policy initiatives All Catholic Health Initiatives facilities in 19 states are encouraged to engage in advocacy through letterwriting, faxes, emails, phone calls, and meetings with federal and state political leadership Catholic Health Initiatives will continue to expand its public policy program in an effort to demonstrate its commitment to the improvement of health and the promotion of social justice, particularly for the communities its serves and for those who are most vulnerable

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	7,009,072			7,009,072
b Buildings	19,837,208		2,286,763	17,550,445
c Leasehold improvements	6,276,727		2,772,715	3,504,012
d Equipment	224,525,005		121,790,294	102,734,711
e Other	8,993,911			8,993,911
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				139,792,151

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CHI OPERATING INVESTMENT PSHIP	1,099,567,374	F
Other TRUST ACCOUNTS	9,695,365	F
Other CUSTODY ACCOUNT	15,091,696	F
Other BANK OF WEST	15,034,169	F
Other INVESTMENT IN CHV II, LP	4,968,762	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,144,357,366	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
INTEREST PAYABLE	2,657,305
PENSION LIABILITY	589,560,904
UNCLAIMED PROPERTY	83,732
INTEREST RATE SWAPS	91,572,558
LOSSES INCURRED BUT NOT REPORTED	47,638,312
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	731,512,811

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part X	FIN 48 Footnote	CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code CHI follows Financial Accounting Standards Board (FASB) Interpretation No 48, Accounting for Uncertainty in Income Taxes an interpretation of FASB Statement No 109 (FIN 48), which prescribes criteria for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return FIN 48 also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the consolidated financial statements
Schedule D, Part IV, Line 2b	Trust, Escrow and Custodial Arrangements	Catholic Health Initiatives acts as agent for the Employee Financial Assistance Fund, an employee funded program

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . . ☐ Yes ☑ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean		1	Program Services	Offshore Captive Mgt	340,262
Totals . . . . . ▶		1			340,262

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
Schedule F, Part I, Line 3(f)	Description of Accounting Method for Costs in Region	CHI had one employee located in the Central America / Caribbean area This individual performs Offshore Self-Insurance Captive Management services on behalf of CHI CHI's only expense associated with that location is the individual's salary and associated benefits The individual's compensation was estimated to equal $331,168 (US) using the same methodology as is required for individuals reportable on Schedule J There are other CHI employees that served on the boards of offshore captives of CHI CHI allocated a portion of the salaries of these individuals to line 3(f)

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0617373
Name: Catholic Health Initiatives

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ 42

3 Enter total number of other organizations . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Schedule I Part I Q 2	Describe organization's procedures for monitoring the use of grant monies	CHI's mission and ministry fund provides grants to CHI organizations to be used for the planning, development and implementation of initiatives to promote healthy communities Facilities and groups associated with CHI are eligible to apply for grant funding for healthy community coalitions and projects Grants from the mission and ministry fund are awarded based upon a review of grant applications submitted A committee of the Board of Stewardship Trustees is charged with grantee selection Funds awarded through the mission and ministry fund are identified in the Catholic Health Initiatives general ledger system CHI ensures that grants to United States recipients are properly used for their intended purpose by ensuring that the grant recipient is a CHI-related 501(c)(3) organization That CHI-related entity supervises the grant initiative, including the expenditure of funds in furtherance of that initiative

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0617373
Name: Catholic Health Initiatives

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Faithful Fools Street Ministry 234 Hyde Street San Francisco, CA 94102	94-3348396	501(c)(3)	75,125				Street Hospice
Sisters of Charity of NazarathPO Box 9 Nazareth, KY 40048	31-0537158	501(c)(3)	15,000				Ministry in India
Sisters of Charity of NazarathPO Box 9 Nazareth, KY 40048	31-0537158	501(c)(3)	60,000				Ministry in Belize
Jewish Hospital Foundation 217 E Chestnut Street Lousiville, KY 40202	61-1029770	501(c)(3)	100,534				Diabetes Clinic
Mercy Housing Colorado 1999 Broadway Suite 1000 Denver, CO 80202	84-1262403	501(c)(3)	50,000				Resident Program
Catholic Relief ServicesPO Box 17090 Baltimore, MD 21203	13-5563422	501(c)(3)	10,000				CRS Haiti
Sisters of Presentation Health Corporation1101 32nd Ave South Fargo, ND 58103	45-0359620	501(c)(3)	30,000				Partners in housing
Catholic Medical Mission Board10 West 17th Street New York, NY 10011	13-5602319	501(c)(3)	10,000				CMMB Haiti
Global Health Initiatives 1999 Broadway Denver, CO 80202	20-1536108	501(c)(3)	10,000				Program Support
WOMEN BUSINESS LEADERS1227 25th St NW Ste 700 Washington, DC 20037	51-0410145	501(c)(3)	13,000				Summit sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARRUPE JESUIT HIGH SCHOOL4343 Utica St Denver, CO 80212	20-0628872	501(c)(3)	35,000				Work Study Program
NATL ASSN OF HEALTH SERVICES1140 Connecticut Avenue Suite 505 Washington, DC 20036	62-1312239	501(c)(3)	25,000				National Conference Sponsorship
Mercy Housing6816 S 137th Plaza Omaha, NE 68137	37-1068780	501(c)(3)	6,000,000				low-income homes
Flaget Healthcare Inc 202 Cathedral Manor Bardstown, KY 40005	61-1345363	501(c)(3)	72,530				Nelson County Clinic
Franciscan Foundation 1717 South J Street TACOMA, WA 98405	91-1145592	501(c)(3)		41,790			Mustard Seed Project
Franciscan Foundation 1717 South J Street Tacoma, WA 98405	91-1145592	501(c)(3)	76,500				Disparity End of Life
Villa Nazareth Inc5300 12th street south Fargo, ND 58103	45-0226714	501(c)(3)	22,000				Community LENS
Good Samaritan Foundation619 Oak Street Cincinnati, OH 45206	31-0537486	501(c)(3)	10,490				Camboni Clinic
Good Samaritan Foundation619 Oak Street Cincinnati, OH 45206	31-0537486	501(c)(3)	110,079				Access to Sr Svcs
Good Samaritan Hospital P O Box 1990 Kearney, NE 68848	47-0379755	501(c)(3)	45,100				CHAT Minority Access Project

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Joseph Healthcare System310 East 9th Street London, KY 40741	61-1334601	501(c)(3)	58,745				CHAT Minority Access Project
St Joseph Healthcare System310 East 9th Street London, KY 40741	61-1334601	501(c)(3)	67,816				Childhood Obesity
Memorial Health Care System2525 Desales Ave Chattanooga, TN 37404	62-0532345	501(c)(3)	37,806				Taskforce Coalition
Mercy Medical Center 1512 12th Ave Nampa, ID 83868	82-0200896	501(c)(3)	32,840				Worker Program
Mercy Medical Center 1512 12th Ave Nampa, ID 83868	82-0200896	501(c)(3)	117,315				Nampa Healthy Start
SET of Colorado825 East Pikes Peak Ave 29 Colorado Springs, CO 80903	84-1183335	501(c)(3)	125,000				Healthcare/Prisoners
St Joseph Area Health Services600 Pleasant Ave Park Rapids, MN 56470	41-0695603	501(c)(3)	58,925				Project Freeway
St Joseph Healthcare System11203 Main Street Martin, KY 41649	61-1334601	501(c)(3)	18,000				Respect-Real Care
CHI Colorado4231 West 16th Street Denver, CO 80204	84-0405257	501(c)(3)	100,000				Bach Mai Hospital
St Catherine's Hospital 401 East Spruce Garden City, KS 67486	48-0543721	501(c)(3)	66,965				Center for Families

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Elizabeth Foundation 555 South 70th street Lincoln, NE 68510	47-0625523	501(c)(3)	159,100				Pathways To Health
St Francis Medical Center 2620 W Faidley Ave Grand Island, NE 68803	47-0376601	501(c)(3)	64,653				Dental Clinic
St John's Regional Medical Ctr2727 Mcclelland Joplin, MO 64804	44-0545809	501(c)(3)	81,048				Al Alcance
St Joseph Community Health904A Las Lomas Albuquerque, NM 87102	71-0897107	501(c)(3)	92,110				Neighbors & Health
St Joseph Community Health904A Las Lomas Albuquerque, NM 87102	71-0897107	501(c)(3)	225,000				Community Develop
St Joseph Medical Center 7601 Osler Drive Towson, MD 21204	52-0591461	501(c)(3)	47,250				Wellness Project
St Joseph Medical Center 7601 Osler Drive Towson, MD 21204	52-0591461	501(c)(3)	150,000				Powered By Me
St Mary's Community Hospital1314 Third Avenue Nebraska City, NE 68410	47-0443636	501(c)(3)	61,026				Support CAPE
CHI Colorado1008 Minnequa Ave Pueblo, CO 81004	84-0405257	501(c)(3)	44,270				Medical Mission
St Vincent Foundation2 St Vincent Circle Little Rock, AR 72205	51-0169537	501(c)(3)	29,199				Central High School

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Unity Family Healthcare 300 Third Avenue Little Falls, MN 56307	41-0721642	501(c)(3)	105,000				Youth & Families
ST JOESPH HOSPITAL AND MEDICAL CENTER 30 WEST 7TH STREET DICKINSON, ND 58601	45-0226429	501(c)(3)	500,000				RICHARDSON HOSPITAL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Sch J Part I Q 1a	Benefits Provided in Part 1a	For each benefit provided in line 1a, the organization must disclose relevant information which may include the type of benefit, the listed person who received the benefit (or class of individuals for whom the benefit was provided i e all directors), and whether or not the benefit was included in the individual's compensation The CHI travel policy #5, which is applicable to all employees, states that first-class airfare is generally not permitted, but may utilized if approved in advance by the individual's supervisor and warranted based upon the facts and circumstances, which may include amount of travel involved, nature of specific trip, duration of travel and cost differentiation between first class and coach Travel for companions for CHI volunteers is available, with tax gross-up pursuant to CHI HR policy #4 Companion travel for Catholic Health Initiatives board members was reimbursed for the pilgrimage to Rome Catholic Health Initiatives and its companion corporation the Catholic Healthcare Federation (a pontifical public juridic person) are required to periodically deliver reports to the vatican concerning our healthcare ministry Because of the significant time commitment associated with board membership at CHI, board members were invited to bring their spouses to participate in the pilgrimage and visitation of holy sites in Rome CHI reimbursed those board members for certain companion travel expenses and grossed-up the board members for those expenses All such companion travel and associated gross-up was included as income on the board member's Form 1099 or W-2 as applicable CHI provides employees at the level of manager and above with PDAs The value of the employer-provided cell phone service is included in the employees' income and is grossed-up for tax pursuant to HR Policy #7 CHI provides the tax indemnification because CHI believes that the provision of cell phones to its employees is business related, and that the costs associated with documentation of the business relationship of all calls and emails made on the PDA exceeds the costs of tax indemnification Certain employees are provided with employer-paid temporary housing in conjunction with the recruitment and relocation of these individuals to CHI in Denver These benefits are paid and grossed-up pursuant to a written policy CHI's human resources department offers this benefit only in circumstances where a suitable candidate cannot be recruited locally All such benefits are included in the employee's Form W-2
Sch J Part I Q 4	Severance Payments / Supplemental non-qualified deferred compensation	4a Post-termination payments are addressed in executive employment agreements for employees at the level of Vice President and above These employment agreements require that in order for the executive to receive post-termination payments, these individuals must execute a general release and settlement agreement Post-termination payment arrangements are periodically reviewed for overall reasonableness in light of the executive's overall compensation package The following reportable individuals received severance payments from CHI during the 2008 calendar year, and these severance payments were included in the individuals' W-2 income and reportable compensation on Schedule J John Anderson $ 154,123, Mike Fordyce $172,920, Deborah Lee Eddie $142,704, Paul Neumann $ 131,161 4b During the 2008 calendar year CHI maintained a supplemental non-qualified deferred compensation plan for Vice Presidents and above The following reportable individuals were eligible to participate John Anderson, Colleen Blye, John Dicola, Michael Fordyce, Tom Kopfensteiner, Deborah Lee-Eddie, Kevin Lofton, Philip Mears, Mitch Melfi, Paul Neumann, John Newton, Mary Beth O'Brien, Joyce Ross, Michael Rowan, John Tolmie, Herbert Vallier, David Vellinga, Joe Wilczek There were no contributions to the non-qualified plan for the 2008 calendar year The following reportable individuals received payments from the supplemental non-qualified deferred compensation plan during the 2008 calendar year, and the following amounts were included in the individuals' reportable compensation on Schedule J Anderson $416,634, Blye $206,899, Dicola $82,939, Fordyce $104,679, Kopfensteiner $66,242, Lee-Eddie $963,168, Lofton $219,062, Mears $69,166, Melfi $137,358, Neumann $248,903, Newton $44,160, O'Brien $19,230, Rowan $288,278, Tolmie $212,872, Vallier $405,459, Vellinga $185,346, Wilczek $142,578
Sch J Part I Q 7	Non-Fixed Payments Provided	CHI maintains a variable pay program for managers and above that puts a certain amount of compensation at risk Awards of incentive compensation under the variable pay program are made based upon achievement of organizational objectives including health outcomes, quality improvement, level of community benefit provided, and other measures as determined annually by the Board of Stewardship Trustees However, no award is payable under this program unless operating margin and charity care levels are achieved at a designated percent of budget

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0617373
Name: Catholic Health Initiatives

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
John Anderson	(I) (II)	305,359	118,742	583,537		31,465	1,039,104	656,125
Colleen Blye	(I) (II)	649,697	210,690	246,700	1,014	46,185	1,154,286	562,134
John Dicola	(I) (II)	507,080	215,536	122,911	2,445	47,202	895,174	437,423
Michael Fordyce	(I) (II)	443,113	159,887	303,187		44,940	951,127	425,191
Thomas Kopfensteiner	(I) (II)	444,230	133,348	90,954		29,680	698,212	314,443
Kevin Lofton	(I) (II)	1,256,752	618,612	254,712 217		46,074	2,176,149 217	1,069,346 217
Phillip Mears	(I) (II)	264,466	56,337	93,378	1,562	45,199	460,943	219,000
Mitch Melfi	(I) (II)	376,378	120,476	163,029		44,600	704,483	331,387
Paul Neumann	(I) (II)	272,266	166,537	390,315 4,059		44,037	873,155 4,059	514,417 3,881
Deborah Lee-Eddie	(I) (II)	390,452	129,962	1,126,933	5,512	31,986	1,684,845	1,238,635
Mary Elizabeth O'Brien	(I) (II)	515,186	64,150	149,063		30,114	758,513	319,026
Joyce Ross	(I) (II)	245,745	91,348	60,233		32,838	430,164	208,921
Michael Rowan	(I) (II)	833,463	222,695	317,486		39,734	1,413,377	722,540
John Tolmie	(I) (II)	496,932	69,480	234,877		44,839	846,129	477,127
David Vellinga	(I) (II)	556,017	126,819	211,958	399	45,675	940,867	477,047
Joseph Wilczek	(I) (II)	622,185	180,367	173,136		35,480	1,011,168	461,551
John Newton	(I) (II)	281,075	53,668	65,800		36,673	437,216	179,831
Herbert Vallier	(I) (II)	478,653	201,952	454,697		38,863	1,174,165	745,613

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	City of Breckenridge MN 2004A	31-6000172	106520AB5	11-18-2004	31,040,504	Construction/acquisition of assets		X		X
B	Colorado Health Facilities Authority 2004B	84-0752932	196474T34	11-18-2004	279,100,000	Construction/acquisition of assets		X		X
C	Colorado Health Facilities Authority 2006A	84-0752932	19648ADH5	11-09-2006	285,855,808	Construction/acquisition of assets		X		X
D	County of Montgomery OH 2006B	31-6000172	613549FF6	11-09-2006	200,000,000	Construction/acquisition of assets		X		X
E	Washington Health Care Facilities Auth 2007A	91-1108927	93978EG22	11-08-2007	289,425,000	Construction/acquisition of assets		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, Line 1	Executive Committee	CHI's Board of Stewardship Trustees does have an Executive Committee The Executive Committee is comprised of the Board Chair, the Chair-Elect, the Vice Chair, and up to three additional Trustees appointed by the Board of Stewardship Trustees Except as otherwise provided by law, the Executive Committee has and may exercise such powers as may be delegated to it by the Board of Stewardship Trustees All actions taken by the Executive Committee shall be promptly reported to the Board of Stewardship Trustees at the next regular meeting of the Board of Stewardship Trustees During the Fiscal Year Ended June 30, 2009 the Executive Committee was comprised of the following individuals Phyllis Hughes, David Lincoln, Mary Jo Potter, Patricia Smith, and Kevin Lofton All of these individuals were members of the Board of Stewardship Trustees

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 4	Significant Changes to Organizational Documents	CHI amended its Bylaws on December 10, 2008 Changes included 1) Restatement of the organization's vision as follows Catholic Living our Mission and Core Values, Health Improving the health of people and communities we serve, Initiatives Pioneering models and systems of care to enhance care delivery, 2) Change to the definition of Participating Congregations to eliminate the differentiation among Active Participating and Honorary Participating Congregations, 3) Elimination of corporate members, 4) Clarification that the CHI board will consist of individuals who are the same physical persons as the members of Catholic Healthcare Federation, a pontifical public juridic person , and 5) Replacement of references to "SVP / Operations" with "CHI Executive Vice President and Chief Operating Officer or other designee" in order to take into account the elimination of the position SVP / Operations in certain markets

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Existence of Members or Stockholders	Form 990 instructions define a "member" as any person who, pursuant to a provision of the organization's governing documents or applicable state law has the right to "approve significant decisions of the governing body" or to "receive distributions of income or assets from the organization upon the organization's dissolution" CHI was founded by Religious Institutes of the Roman Catholic Church Those Religious Institutes of the Roman Catholic Church that agree to accept the mission and vision of the organization and meet certain other requirements established by the Board of Stewardship Trustees, and who are approved by a 2/3 vote of the Board of Stewardship Trustees have "Participating Congregation" rights and duties under the bylaws of the organization Participating Congregations have the right to approve substantial changes to the mission and philosophical direction of the organization, approve amendments to the articles and bylaws affecting any provision governing the qualifications, rights or responsibilities of the Participating Congregations, select and remove a person who represents that participating congregation in exercising its rights and duties, participate in the distribution of assets upon the dissolution of the organization, participate in organizational advocacy efforts, encourage members of the participating congregations to participate in the ministries sponsored by the organization, and participate through their representatives in meetings held twice per year with the Board of Stewardship Trustees (Section 3 1 1 of the Bylaws of Catholic Health Initiatives)

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7b	Decisions of the Board Subject to Approval	Form 990 instructions indicate that an organization must answer "yes" if at any time during the organization's tax year, there were one or more persons who had the right to approve or ratify decisions of the organization's governing body such as approval of the governing body's decision to dissolve the organization The corporation was founded by Religious Institutes of the Roman Catholic Church Those Religious Institutes of the Roman Catholic Church that agree to accept the mission and vision of the organization and meet certain other requirements established by the Board of Stewardship Trustees, and who are approved by a 2/3 vote of the Board of Stewardship Trustees have Participating Congregation rights and duties under the bylaws of the organization Participating Congregations have the right to approve substantial changes to the mission and philosophical direction of the organization, approve amendments to the articles and bylaws affecting any provision governing the qualifications, rights or responsibilities of the Participating Congregations, select and remove a person who represents that participating congregation in exercising its rights and duties, participate in the distribution of assets upon the dissolution of the organization, participate in organizational advocacy efforts, encourage members of the participating congregations to participate in the ministries sponsored by the organization, participate through their representatives in meetings held twice per year with the Board of Stewardship Trustees (Section 3 1 1 of the Bylaws of Catholic Health Initiatives)

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Process, if any, that the organization uses to review Form 990	The Chief Financial Officer of CHI conducts a formal review of the Form 990 in a meeting with the Director of Tax Individual sections of the Form 990 may also be reviewed by the General Counsel and Director of Communications After incorporation of any changes resulting from these reviews, the Form 990 is provided to the CHI Board of Stewardship Trustees a week in advance of the Board meeting as part of the board packet The Form 990 is formally presented to the board by the Chief Financial Officer and by the Director of Tax at the board meeting Upon Chief Financial Officer approval and signature, the tax director files the final Form 990 as presented to the board, making any non-substantive changes necessary in order to effect e-filing Any such changes are not re-submitted to the board

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12C	Procedures for Monitoring and Enforcing the COI Policy	All CHI officers, trustees and employees are covered by a conflict of interest policy The Board of Stewardship Trustees Conflict of Interest Policy provides that all members of the Board of Stewardship Trustees and officers are required to promptly and fully disclose to the Board Chair situations that may create a conflict of interest when he or she becomes aware of the situation In addition, all members of the Board of Stewardship Trustees, including Officers of the Board, are required to annually disclose any conflicts of interest via completion of a conflict of interest form which is reviewed by the organization's Senior Vice President Legal Services and General Counsel Any resulting potential conflicts are reported to the Board Chair who is charged with further investigation of conflict(s) of interest as he or she deems appropriate, documentation of conclusions with respect to existence of a conflict (including relevant facts and circumstances), and reporting to the executive committee concerning the review, evaluation and conflict determination To the extent that the Board Chair and any other trustee disagree as to whether a circumstance gives rise to a conflict, the Board's Executive Committee makes the final determination as to the existence of a conflict The potentially conflicted board member is excluded from voting as to the existence of a conflict, and is excused from the room while voting concerning the matter is conducted In any circumstance where a board member has been identified as having a conflict of interest with respect to a particular transaction, that board member is also excluded from voting with respect to that transaction The Conflict of Interest policy with respect to CHI employees requires that employees at the level of director and above must certify upon hiring that they have no conflict of interest Further, these individuals are required to disclose to their supervisors any conflicts that arise during the year Finally, these individuals must, in conjunction with the performance evaluation process, annually certify that no conflicts exist

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15	Process for Determining Compensation	CHI uses the Hay Group as the independent 3rd party to assess our executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages Compensation of the CHI CEO and senior-most executives (Presidents Council), as well as the MBO CEOs are reviewed annually The Hay Group reviews both cash and total compensation for overall reasonableness, for adherance to CHI's compensation philosophy, and for comparability to the not-for-profit healthcare market This independent review is delivered by Hay Group to the HR Committee of the Board of Stewardship Trustees annually at their September meeting and minutes are shared with the full board at the December meeting The last review was September 2009 In addition in December 2009, Hay Group completed a comprehensive review of all executive positions (Vice-President and above) to determine and validate appropriate compensation levels

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Governing Documents, COI Policy, Financial Statements Public Availability	Catholic Health Initiatives' Articles of Incorporation are available on the Colorado Secretary of State website Catholic Health Initiatives' Bylaws are not publicly available Catholic Health Initiatives' consolidated audited financial statements are available on the CHI Website at http //www catholichealthinit org/ and at http //www dacbond com

Identifier	Return Reference	Explanation
Form 990, Part VII, Column B	Estimate of Average Weekly Hours Devoted to Related Organizations	Kevin Lofton - 2 Catholic Healthcare Federation (CHCF) Blackford Middleton - 2 CHCF Mary Jo Potter - 2 CHCF Phyllis Hughes - 2 CHCF Maureen Comer - 2 CHCF Andrea Lee - 2 CHCF Mary Margaret Mooney - 2 CHCF Bruce Siegel - 2 CHCF Eleanor Martin - 2 CHCF David Edwards - 2 CHCF Patricia Smith - 2 CHCF Martha Walsh - 2 CHCF Michael O'Boyle - 2 CHCF Robert Smoldt - 2 CHCF David Lincoln - 2 CHCF Colleen Blye - 0 Michael Fordyce - 0 Mitch Melfi - 0 Paul Neumann - 2 CHCF Joyce Ross - 0 Michael Rowan - 0 Lynn Smith - 0 John Newton - 0 John Anderson - 0 John Dicola - 2 Mt St Joseph Tom Kopfensteiner - 0 Phillip Mears - 0 Herbert Vallier - 0 Deborah Lee-Eddie - 0 Mary Elizabeth O'Brien - 0 John Tolmie - 0 David Vellinga - 0 Joseph Wilczek - 0

Identifier	Return Reference	Explanation
Form 990, Part VII, Column D & E	Explanation of Reasonable Efforts to Obtain Related Organization Comp	An organization is not required to report compensation from a related organization to a person listed on Form 990, Part VII, Section A if the organization is unable to secure the information on compensation paid by a related organization after making a reasonable effort to obtain it In that case, the organization shall report the efforts undertaken on Schedule O CHI believes that it has fully disclosed all compensation paid by related organizations to the individuals listed on Schedule J However, in the event that any related party compensation has been inadvertently excluded, CHI offers the following information concerning reasonable efforts CHI performed a comprehensive review of the compensation paid by each organization within the CHI family as follows Each CHI legal entity provided a list of its officers, directors, trustees, key employees and estimated top ten highest paid employees to various departments including, inter alia, CHI's centralized accounts payable service center, centralized payroll center and benefits coordinator Each department provided a report reflecting the amount paid to each reportable individual by payor-entity Each reportable individual received a report reflecting their compensation as it will be reported on the Form 990 (including compensation paid by related organizations) and were asked to verify the accuracy of the information

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2	Audit of Financial Statements	The Form 990 instructions require that organizations whose financial statements are included in a consolidated audited financial statement respond "NO" to Question 2 The "No" response is misleading Catholic Health Initiatives' financial statements were audited and included in a consolidated audited financial statement along with the audited financial statements of CHI's Market Based Organizations (MBOs)

Identifier	Return Reference	Explanation
Form 990 Part III	Statement of Program Service Accomplishments	Catholic Health Initiatives (CHI) is a national faith-based nonprofit health care organization with headquarters in Denver, Colorado CHI serves as the parent corporation of its related tax-exempt health care providers, including 75 hospitals, 40 long-term care, assisted- and residential-living facilities, and two community health-services organizations Together, these facilities provided $553 million in charity care and community benefit in the 2009 fiscal year, including services for the poor, free clinics, education and research CHI's exempt purpose is to serve as an integral part of its national system of hospitals and other charitable entities, which are described as market-based organizations, or MBOs An MBO is a direct provider of care or services within a defined market area that may be an integrated health system and/or a stand-alone hospital or other facility or service provider To fulfill its mission, CHI, as a values-based organization, assures the integrity of the ministry in both current and developing organizations and activities CHI fosters research and development of new ministries that integrate health, education, pastoral and social services, promotes leadership development and formation for the ministry throughout the entire organization, advocates for systemic changes with specific concern for persons who are poor, alienated and underserved, and stewards resources by general oversight of the entire organization To further the exempt purpose, CHI provides strategic planning and management services as well as centralized "shared services" for the MBOs The provision of centralized management and shared services - including areas such as accounting, human resources, payroll and supply chain -- provides economies of scale and purchasing power to the MBOs Cost savings associated with centralized services for the fiscal year ended June 30, 2009, include more than $100 million in supply chain expense, approximately $30 million for insurance costs and more than $12 million as the result of a system-wide effort to coordinate and negotiate technology and equipment purchases The cost savings achieved through CHI's centralization enable MBOs to dedicate additional resources to high-quality health care and community outreach services to the most vulnerable members of our society Reporting Across the System The following examples of community benefit activities in 2009 represent only a small fraction of those taking place on a daily basis at these facilities and throughout the Catholic Health Initiatives health care system Tacoma, Washington Franciscan Health System operates the Lakewood Community Dental Van, which provides dental care to low-income or unemployed adults without access to other low-cost dental services The Dental Van is a partnership with CloverPark Technical College, Medical Teams International and St Clare Hospital The dental van also provides care for the underserved in the Federal Way community at St Francis Hospital Collectively, 170 adults were served for in-kind dental services equaling over $75,000 FHS also provides prescription medications to persons who do not have the means to purchase them The provision of these medications helps recipients recover more quickly from their illnesses, manage chronic conditions and avoid hospitalizations In fiscal year 2009, prescription drugs valued at $65,000 were provided to individuals This amount includes the pharmaceuticals provided for the free Neighborhood Clinic that is staffed by all-volunteer physicians and nurses The Women, Infant and Children (WIC) Nutrition Program at FHS provides food coupons and nutritional counseling for women and their children Well-child check-ups are performed along with immunizations Children are seen up to the age of five More than 9,000 clients are served annually FHS has provided 3,186 free vaccines to more than 1,006 children at a value of $110,000 This program helps prevent illness and fulfills the public health requirement of children between the ages of two and 19 years old Breckenridge, Minnesota Through its prescription drug program, St Francis Medical Center provides prescription medications to persons who have no means to procure those medications In fiscal year 2009, prescription drugs valued at $1,298 were provided to 14 low-income, elderly, and/or uninsured individuals The hospital also provides services through the Milnor Clinic, a rural health clinic located 40 miles west of Breckenridge It provides clinic services to a medically underserved community through a nurse practitioner and a rotation of physicians About 500 patient visits were conducted during fiscal year 2009 at a net cost of $69,650 St Francis also subsidizes the cost of anesthesia services in order to provide 24-hour on-call coverage in our area More than 1,300 people benefited from these services at a cost of $92,508 throughout the fiscal year Des Moines, Iowa Mercy Health Network provided immunizations to more than 100 children in the Diocesan schools, contributed nearly $165,000 to 45 local organizations and community events and offered free prenatal, breastfeeding and infant-care classes and counseling to more than 18,000 new and expecting parents in fiscal year 2009 Mercy also was the official first aid provider for several major events including the Des Moines Arts Festival, the Des Moines Komen Race for the Cure, and the Drake Relays The health network also partnered with local cable company OnMedia to participate in Shoes that Fit, a clothing drive that contributed more than 600 items to area children in need In conjunction with Dowling Catholic High School, Mercy provided flood relief clean-up for the citizens of Cedar Rapids, Iowa More than 100 employees and students assisted the flood victims for two days Dickinson, North Dakota St Josephs Hospital and Health Center offers community education and screenings for a variety of different topics, including advanced directives, parent depression awareness, lab screenings, drug education, medical explorers (medical careers), infection control, speaking engagements on heath topics and informational health fairs These were held in public schools, Dickinson and surrounding communities and businesses The education also was provided in television spots and radio ads Also St Josephs offers a four-week Grief-Loss Recovery Series seminar This seminar includes an overview of the natural responses to grief and an introduction to aid in the adjustment to grief and loss The educational programs offered by the hospital to expectant mothers include Lamaze childbirth classes, breast feeding classes, free hearing tests on infants and tours of Babykind, the labor and delivery and nursery program at St Josephs Durango, Colorado As part of Mercy Regional Medical Centers focus on community based clinical services, the hospitals clinical and technical staffs make numerous free presentations about general health care, safety, nursing and other medical professions throughout the school year to elementary, middle and high schools throughout La Plata County Mercy employees participate in various meetings at organizations that promote economic development in the region, including participation in community boards and committees Mercy employees act as board and committee members at Ft Lewis College, the Community Foundation serving southwest Colorado, Durango Transit and Durango Fire and Rescue, among other organizations The hospital also participates in various region-wide emergency preparedness meetings and mass-casualty exercises that better prepare area responders and health care providers for real emergencies Fargo, North Dakota Riverview Place, an independent living facility, provided $65,454 in care to individuals in need through its Charity Care Program in fiscal year 2009 The Charity Care Program was implemented to allow seniors to remain at Riverview Place and receive necessary services despite their shrinking ability to pay for the costs As seniors age and life expectancies were exceeded, some residents found they could not afford to keep pace with costs at Riverview Place The facilitys charity care program provided the necessary assistance Friendship, Inc , which primarily provides long-term care services, serves people with developmental disabilities who are of a more challenging nature The facilitys Family and Community Living Program (FCL) is one of these initiatives Because the community living program is a Medicaid Waivered initiative that includes these more challenging individuals, costs exceed reimbursement levels To better serve these individuals, Friendship, Inc , which is deeply committed to community benefit activities, absorbed costs that exceeded reimbursements by $71,920 in fiscal year 2009 A total of 33 people received this service component

Identifier	Return Reference	Explanation
Form 990 Part III	Statement of Program Service Accomplishments (Continued)	Grand Island, Nebraska As an integral part of the central Nebraska community, Saint Francis Medical Center is committed to providing health information to the public Saint Francis provides a variety of educational events including baby care basics and breastfeeding support groups for new parents The hospital also sponsors support groups for cancer patients and their families and monthly community education programs In fiscal year 2009, the hospital began Be Well, a series of monthly community education programs on a variety of topics, including mens health maintenance, sleep apnea and vaccines for adolescents The series also includes radio ads on health topics like hand hygiene, prenatal care, stroke symptoms and more A speakers bureau is available, as well as presentations by physicians and other health care providers on a variety of timely health topics, including heart disease, weight loss, stress management, diabetes management, breast cancer, alcohol and drug treatment We also offer life support, automated external defibrillator training and infant life support classes In fiscal year 2009, Saint Francis contributed $696,807 to community health services Great Bend, Kansas Central Kansas Medical Center employees serve on the board and contribute their time to Meals on Wheels, a traditional means of serving senior citizens as well as others unable to leave their homes Some employees volunteer to deliver the meals as well Also, the Prescription Assistance Program at CKMC has three volunteer retired nurses, in addition to employed staff, helping with education and paperwork Their time amounts to nine hours a week in Great Bend and two hours a week in the hospitals Larned office, which amounts to a total annual contribution of $30,958 The prescription drug program aided almost 800 individuals Kearney, Nebraska Good Samaritan Hospital sponsors Give Health a Hand, which teaches individuals the most effective way to prevent influenza and encourages them to wash their hands -- a step toward achieving Good Samaritan's mission of creating healthier communities The fourth year of the campaign was launched in the fall of 2008, just before the flu season As part of the campaign, businesses, schools and day care centers received laminated hand-washing posters A 60-second radio and a 30-second television spot, featuring Sam the Moose's loveable voice and a catchy jingle, began airing on local stations Sam visited schools and day care centers with posters, hand sanitizer, activity books, stickers and a hand-washing message The campaign won gold awards from two separate national organizations, and was featured in a national publication for health care marketers It has also received an overwhelming response in calls for materials Public restrooms across Good Samaritan's service area display the hand-washing poster The light-hearted approach has appealed to all ages without the sterile, clinical approach you would expect from a hospital It allows children to educate their parents about hand washing, and helps adults kindly remind others to "be like Sam" Lancaster, Pennsylvania St Joseph Health Services, Inc operates a children's oral health program called Brush Brush Smile! (BBS) It delivers clinical care via two 40-foot long mobile dental clinics that provide comprehensive dental care to economically disadvantaged children throughout Lancaster County The mobile clinics provided care in all of the sixteen school districts within Lancaster County during the months of September through May and in the first week of June During the summer months, July and August, care was provided to children at two community organizations within the county Those services were provided by our 10-person dental team that includes two fully licensed dentists, a dental hygienist, four dental assistants, a children's-health advocate, a BBS coordinator, and a transportation specialist The team members provided care to a total of 528 children, with an average of about three visits to the clinics by each child The range of care included exams, x-rays, cleanings, fluoride treatments, sealants and comprehensive dental procedures as well as education regarding proper oral hygiene techniques In addition to this work, the BBS Connect program helps children who have been seen on the Brush Brush Buses receive dental care on a regular basis from dentists within their own communities Participating dental practices within 11 Lancaster County school districts have agreed to see two to five children each The cost of the care provided to the children is funded by St Joseph Health Services, Inc at an agreed-upon rate based on current Medicaid fees for the first two years of care During fiscal year 2009, 70 children received dental care through this program In addition, the program continued to provide classroom education, in conjunction with the Byrnes Education Center, to children in kindergarten through the sixth grade The instructions for the course emphasized preventive oral health at an age level that was appropriate to the audience The courses were presented to 3,562 children Also, SJHS' dental hygienist provided oral health education to 304 elementary aged children at various summer camps, community centers, community service organizations and pre-schools during the fiscal year As part of this focus on community education, the hygienist also met with 49 expectant mothers as part of the Healthy Beginnings Plus initiative, a partnership with Ephrata Community Hospital, to raise awareness of the importance of dental health in their lives and in the lives of their unborn children

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:
Software Version:
EIN: 47-0617373
Name: Catholic Health Initiatives

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Total income ($)	(E) End-of-year assets ($)	(F) Direct Controlling Entity
Memorial Health Partners 6028 Shallowford Road Chattanooga, TN 37421 62-1784262	Hospice Care	TN			N/A
Memorial Hospital Auxiliary 2525 de Sales Avenue Chattanooga, TN 37404	Support MHCSF	TN	162,658	142,597	MHCSFound
Pathway Hospice LLC 1050 SW 3rd Ave Suite 1600 Ontario, OR 97914 93-1310235	Hospice Care	OR	67,355	1,266,816	CHI
LincCare 8055 O Street Lincoln, NE 68510 47-0697010	Hospice Care	NE			St EHS
Mercy Therapeutic Radiology Associates L 1111 6th Avenue Des Moines, IA 50314 42-1521367	Physician	IA	7,138,989	26,159,105	CHI-IA Corp
Perinatal Center of Iowa LLC 1111 6th Avenue Des Moines, IA 50314 83-0397103	Physician	IA	-343,811	1,342,382	CHI-IA Corp
Mercy North ASC LLC 1111 6th Avenue Des Moines, IA 50314 20-1703871	Ambulatory	IA	-10,993	1,712,012	CHI-IA Corp
Mercy Pet Scanner LLC 1111 6th Avenue Des Moines, IA 50314 42-0680448	Physician	IA			CHI-IA Corp

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
St Joseph Community Health Services 300 Central SW Suite 300 Albuquerque, NM87102 71-0897107	Community	NM	501(c)(3)	11a	CHI
St Joseph Community Health Foundation 300 Central SW Suite 300 Albuquerque, NM87102 85-0253087	Foundation	NM	501(c)(3)	7	SJCHS
St Joseph Healthcare System 500 Copper NW Suite 102 Albuquerque, NM87102 85-0201285	Healthcare	NM	501(c)(3)		CHI
St Elizabeth Health Services Inc 3325 Pocohontas Road Baker City, OR97814 93-0412495	Hospital	OR	501(c)(3)	3	CHI
St Elizabeth Health Care Foundation 3325 Pocohontas Road Baker City, OR97814 94-3164869	Foundation	OR	501(c)(3)	7	SEHS
Flaget Memorial Hospital Foundation Inc 4305 New Shepherdsville Road Bardstown, KY40004 56-2351341	Fundraising	KY	501(c)(3)	11a	FH
Flaget Healthcare DBA Flaget Memorial 4305 New Shepherdsville Road Bardstown, KY40004 61-1345363	Hospital	KY	501(c)(3)	3	CHI
Lakewood Health Center 600 Main Avenue South Baudette, MN56623 41-0758434	LTerm Care	MN	501(c)(3)	3	CHI
Appletree Court 601 Oak Street Breckenridge, MN56520 41-1850500	Senior Homes	MN	501(c)(3)	9	SFH
Healthcare and Wellness Foundation 2400 St Francis Drive Breckenridge, MN56520 76-0761782	Foundation	MN	501(c)(3)	11a	SFMC
St Francis Home 2400 St Francis Drive Breckenridge, MN56520 41-0729978	LTerm Care	MN	501(c)(3)	9	CHI
St Francis Medical Center 2400 St Francis Drive Breckenridge, MN56520 41-0695598	Healthcare	MN	501(c)(3)	3	CHI
Carrington Health Center 800 North 4th Street Carrington, ND58421 45-0227311	Healthcare	ND	501(c)(3)	3	CHI
Saint Clare's Community Care 66 Ford Road Denville, NJ07834 22-2876836	Healthcare	NJ	501(c)(3)	11b	SCHS
Saint Clare's Foundation Inc 66 Ford Road Denville, NJ07834 22-2502997	Fundraising	NJ	501(c)(3)	7	SCHS
Good Samaritan College of Nursing & Heal 375 Dixmyth Ave Cincinnati, OH45220 31-1778403	Education	KY	501(c)(3)	2	GHS
Total Healthcare PO Box 7021 Colorado Springs, CO80933 84-0927232	Healthcare	CO	501(c)(3)	3	CHI Colorado
Memorial Health Care System Inc 2525 Desales Avenue Chattanooga, TN37404 62-0532345	Hospital	TN	501(c)(3)	3	CHI
Memorial Health Care System Foundation 2525 Desales Avenue Chattanooga, TN37404 62-1839548	Foundation	TN	501(c)(3)	7	MHCS
Memorial Health Partners Foundation Inc 6028 Shallowford Road Chattanooga, TN37421 03-0417049	Healthcare	TN	501(c)(3)	9	MHCS
The Community Limited Care Dialysis Cent 619 Oak Street Accounting-3 West Cincinnati, OH45206 23-7419853	Hospital	OH	501(c)(2)		GSH
Good Samaritan Foundation of Cincinnati 619 Oak Street Accounting-3 West Cincinnati, OH45206 31-1206047	Foundation	OH	501(c)(3)	11a	GSH
The Good Samaritan Hospital of Cincinnat 619 Oak Street Accounting-3 West Cincinnati, OH45206 31-0537486	Hospital	OH	501(c)(3)	3	TRI-HEALTH
Saint Clare's Hospital 66 Ford Road Denville, NJ07834 22-3319886	Hospital	NJ	501(c)(3)	3	CHI
St Francis Life Care Corporation 66 Ford Road Denville, NJ07834 22-2536017	Elderly Care	NJ	501(c)(3)	9	SCHS
Universal Health Corporation 619 Oak Street Accounting-3 West Cincinnati, OH45206 31-1074519	Physicians	OH	501(c)(3)	11a	GSH
Catholic Health Initiatives Colorado Fou 961 East Colorado Avenue Colorado Springs, CO80903 84-0902211	Foundation	CO	501(c)(3)	7	CHI Colorado
SET of Colorado Springs Inc 825 E Pikes Peak Avenue Bldg 29 Colorado Springs, CO80903 84-1183335	LTerm Care	CO	501(c)(3)	7	CHI Colorado
Catholic Health Initiatives 1999 Broadway Suite 4000 Denver, CO80202 47-0617373	Healthcare	CO	501(c)(3)	9	CHI
Catholic Health Care Federation 1999 Broadway Suite 4000 Denver, CO80202 20-8473567	Jurdic Person	CO	501(c)(3)	11a	CHI

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Global Health Initiatives 1999 Broadway Suite 4000 Denver, CO80202 20-1536108	Ministries	CO	501(c)(3)	11a	CHI
Health SET 4200 West Conejos Place 436 Denver, CO80204 84-1102943	Low Inc Care	CO	501(c)(3)	7	CHI Colorado
Bishop Drumm Retirement Center 1111 6th Avenue Des Moines, IA50314 42-0725196	LTerm Care	IA	501(c)(3)	9	CHI-IA Corp
Mercy Medical Center - Des Moines AKA 1111 6th Avenue Des Moines, IA50314 42-0680448	Hospital	IA	501(c)(3)	3	CHI-IA Corp
House of Mercy 1111 6th Avenue Des Moines, IA50314 42-1323808	Shelter	IA	501(c)(3)	7	CHI-IA Corp
Mercy Auxiliary of Central Iowa 1111 6th Avenue Des Moines, IA50314 42-6076069	Auxiliary	IA	501(c)(3)	11a	CHI-IA Corp
Mercy Clinics Inc 1111 6th Avenue Des Moines, IA50314 42-1193699	Physician	IA	501(c)(3)	9	CHI-IA Corp
Mercy College of Health Sciences 1111 6th Avenue Des Moines, IA50314 42-1511682	Education	IA	501(c)(3)	2	CHI-IA Corp
Mercy Foundation of Des Moines IA 1111 6th Avenue Des Moines, IA50314 23-7358794	Foundation	IA	501(c)(3)	7	CHI-IA Corp
Mercy Medical Center - Centerville FKA 1 St Josephs Drive Centerville, IA52544 42-0680308	Hospital	IA	501(c)(3)	3	CHI-IA Corp
Mercy Professional Practice Associates 1111 6th Avenue Des Moines, IA50314 42-1470935	Physician	IA	501(c)(3)	9	CHI-IA Corp
Mercy Hospital of Devils Lake 1031 East Seventh Street Devils Lake, ND58301 45-0227012	Healthcare	ND	501(c)(3)	3	CHI
St Joseph's Lifecare Foundation 30 West 7th Street Dickinson, ND58601 36-3418207	Foundation	ND	501(c)(3)	11a	SJHHC
St Joseph's Hospital and Health Center 30 West 7th Street Dickinson, ND58601 45-0226429	Healthcare	ND	501(c)(3)	3	CHI
Mercy Regional Medical Center of Durango 1010 Three Springs Blvd Durango, CO81301 84-0405515	Hospital	CO	501(c)(3)	3	CHI
CHI Kentucky Inc 3900 Olympic Blvd Suite 400 Erlanger, KY41018 20-2741651	Healthcare	KY	501(c)(3)	11a	CHI
Villa Nazareth Inc 801 Page Drive Fargo, ND58103 45-0226714	LT Care	ND	501(c)(3)	9	CHI
St Catherine Hospital 401 East Spruce Street Garden City, KS67846 48-0543721	Hospital	KS	501(c)(3)	3	CHI
St Catherine Hospital Development Found 401 East Spruce Street Garden City, KS67846 20-0598702	Foundation	KS	501(c)(3)	11a	SCH
Saint Francis Medical Center Foundation PO Box 9804 Grand Island, NE68802 47-0630267	Foundation	NE	501(c)(3)	7	SFMC
Saint Francis Medical Center PO Box 9804 Grand Island, NE68802 47-0376601	HealthCare	NE	501(c)(3)	3	CHI Nebraska
Central Kansas Medical Center 3515 Broadway Great Bend, KS67530 48-0543724	Hospital	KS	501(c)(3)	3	CHI
Central Kansas Medical Center Foundation 3515 Broadway Great Bend, KS67530 48-6120330	Fundraising	KS	501(c)(3)	11c	N/A
St Joseph Memorial Hospital 923 Carroll Ave Larned, KS67550 48-1253246	Hospital	KS	501(c)(3)	3	CKMC
MNMCH Inc 220 North Pennsylvania Columbus, KS66725 48-1216238	Hospital	KS	501(c)(3)	3	SJRMC
Mercy Lifecare Systems 2727 McClelland Blvd Joplin, MO64804 43-1305163	Property Mgmt	MO	501(c)(3)	11a	SJRMC
St John's Medical Group 2727 McClelland Blvd Joplin, MO64804 43-1882377	Phys Practice	MO	501(c)(3)	9	SJRMC
St John's Mercy Regional Foundation 2727 McClelland Blvd Joplin, MO64804 43-1308084	Foundation	MO	501(c)(3)	7	SJRMC
St John's Regional Medical Center 2727 McClelland Blvd Joplin, MO64804 44-0545809	Hospital	MO	501(c)(3)	3	CHI
Good Samaritan Health Systems Inc PO Box 1990 Kearney, NE68848 47-0659441	Community	NE	501(c)(3)	11a	CHI Nebraska

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Good Samaritan Hospital PO Box 1990 Kearney, NE68848 47-0379755	HealthCare	NE	501(c)(3)	3	CHI Nebraska
Good Samaritan Hospital Foundation PO Box 1810 Kearney, NE68848 47-0659443	Foundation	NE	501(c)(3)	7	GSH
Bachmann Realty Corporation 2135 Noll Drive Suite C Lancaster, PA17603 23-3019013	Real estate	DE	501(c)(3)	11a	SJHM
St Joseph Health Ministries 2135 Noll Drive Suite C Lancaster, PA17603 23-2342997	Health	PA	501(c)(3)	11a	SJHM
St Joseph Health Ministries Foundation 2135 Noll Drive Suite C Lancaster, PA17603 23-2605579	Fundraising	PA	501(c)(3)	11a	SJHM
St Joseph Health Services Inc 2135 Noll Drive Suite C Lancaster, PA17603 20-1425375	Dental care	PA	501(c)(3)	11a	SJHM
Continuing Care Hospital 150 North Eagle Creek Drive Lexington, KY40509 61-1400619	LTACH	KY	501(c)(3)	3	SJHS
Saint Joseph Berea Hospital Foundation 305 Estill Street Berea, KY40403 26-0152877	Foundation	KY	501(c)(3)	7	SJHS
Saint Joseph Health System Inc 150 N Eagle Creek Dr Lexington, KY40509 61-1334601	Hospital	KY	501(c)(3)	3	CHI
St Joseph Hospital Foundation Inc One St Joseph Drive Lexington, KY40504 61-1159649	Foundation	KY	501(c)(3)	11a	SJHS
Saint Joseph Medical Foundation Inc One St Joseph Drive Lexington, KY40504 31-1539059	Phy Practices	KY	501(c)(3)	3	SJHS
Visiting Nurse Association of Saint Clar 191 Woodport Road Sparta, NJ07871 22-1768334	Home Health	NJ	501(c)(3)		SCHS
Saint Elizabeth Foundation 555 South 70th Street Lincoln, NE68510 47-0625523	Foundation	NE	501(c)(3)	7	SERMC
Saint Elizabeth Health Services 555 South 70th Street Lincoln, NE68510 36-3233120	Healthcare	NE	501(c)(3)	3	SERMC
Saint Elizabeth Health Systems 555 South 70th Street Lincoln, NE68510 36-3233121	Healthcare	NE	501(c)(3)	11a	CHI
Saint Elizabeth Regional Medical Center 555 South 70th Street Lincoln, NE68510 47-0379836	Healthcare	NE	501(c)(3)	3	CHI Nebraska
The Physician Network 8055 O Street Suite 300 Lincoln, NE68510 47-0780857	Healthcare	NE	501(c)(3)	11a	CHI Nebraska
Lisbon Area Health Services 905 Main Street Lisbon, ND58054 82-0558836	Healthcare	ND	501(c)(3)	3	CHI
Alverna Apartments 300 SE 8th Avenue Little Falls, MN56345 41-1351177	Lterm Care	MN	501(c)(3)	9	CHI
Unity Family Healthcare 815 2nd Street SE Little Falls, MN56345 41-0721642	Healthcare	MN	501(c)(3)	3	CHI
St Anthony's Hospital Association 4 Hospital Drive Morrilton, AR72110 71-0245507	Healthcare	AR	501(c)(3)	3	SVIMC
St Vincent Infimary Medical Center 2 St Vincent Circle Little Rock, AR72205 71-0236917	Healthcare	AR	501(c)(3)	3	CHI
St Vincent Medical Group 2 St Vincent Circle Little Rock, AR72205 71-0830696	Healthcare	AR	501(c)(3)	9	SVIMC
Maria-Joseph Center 4830 Salem Avenue Dayton, OH45416 31-0935118	Healthcare	OH	501(c)(3)	9	SHP
Marymount Medical Center Foundation 310 East Ninth Street London, KY40741 26-0438748	Foundation	KY	501(c)(3)	11a	SJHS
Samaritan Behavioral Health 601 S Edwin C Moses Blvd Dayton, OH45408 02-0633634	Hospital	OH	501(c)(3)	3	SHP
Mercy Medical Center 1512 12th Avenue Road Nampa, ID83686 82-0200896	Hospital	ID	501(c)(3)	3	CHI
Mercy Medical Center Foundation 1512 12th Avenue Road Nampa, ID83686 45-0381803	Foundation	ID	501(c)(3)	11a	Mercy Med Ct
Mercy Physician Group Inc 1512 12th Avenue Road Nampa, ID83686 20-8192593	Phys Group	ID	501(c)(3)	9	Mercy Med Ct
St Mary's Hospital 1314 3rd Avenue Nebraska City, NE68410 47-0443636	Hospital	NE	501(c)(3)	3	CHI Nebraska

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
St Mary's Hospital Foundation 1314 3rd Avenue Nebraska City, NE68410 47-0707604	Foundation	NE	501(c)(3)	7	SMH
Oakes Community Hospital 314 South 8th Street Oakes, ND58474 45-0231675	Hospital	ND	501(c)(3)	3	CHI
Oakes Community Hospital Foundation 314 South 8th Street Oakes, ND58474 71-0966606	Foundation	ND	501(c)(3)	11a	OCH
Holy Rosary Medical Center DBA The Domi 351 SW 9th Street Ontario, OR97914 93-0433692	Hospital	OR	501(c)(3)	3	CHI
Holy Rosary Medical Center Foundation 351 SW 9th Street Ontario, OR97914 20-2683560	Foundation	OR	501(c)(3)	11a	HRMC
St Joseph's Area Health Services 600 Pleasant Avenue Park Rapids, MN56470 41-0695603	Hospital	MN	501(c)(3)	3	CHI
St Anthony Hospital 1601 SE Court Avenue Pendleton, OR97801 93-0391614	Hospital	OR	501(c)(3)	3	CHI
St Anthony Hospital Foundation 1601 SE Court Avenue Pendleton, OR97801 93-0992727	Foundation	OR	501(c)(3)	11a	SA Hospital
Gettysburg Medical Center 606 East Garfield Avenue Gettysburg, SD57442 46-0234354	Hospital	SD	501(c)(3)	3	SMHC
St Mary's Healthcare Center 801 East Sioux Avenue Pierre, SD57501 46-0230199	Healthcare	SD	501(c)(3)	3	CHI
Mt St Joseph Inc 3060 SE Stark Street Portland, OR97214 93-0386870	Nursing Care	OR	501(c)(3)	9	CHI
Pueblo Stepup 1925 East Orman Avenue Suite G52 Pueblo, CO81004 84-1234295	Community	CO	501(c)(3)	7	CHI
Bornemann Healthcare Corporation 2500 Bernville Road PO Box 316 Reading, PA19603 23-2187242	Healthcare	PA	501(c)(3)	11a	CHI
St Joseph Medical Center Foundation 2500 Bernville Road PO Box 316 Reading, PA19603 23-2649362	Foundation	PA	501(c)(3)	11a	SJRHN
St Joseph Medical Group 2500 Bernville Road PO Box 316 Reading, PA19603 20-8544021	Healthcare	PA	501(c)(3)	9	BHC
St Joseph Regional Health Network 2500 Bernville Road PO Box 316 Reading, PA19603 23-1352211	Healthcare	PA	501(c)(3)	3	CHI
Linus Oakes Inc 2700 Stewart Parkway Roseburg, OR97470 93-0821381	Senior Living	OR	501(c)(3)	9	MMC
Mercy Foundation Inc 2700 Stewart Parkway Roseburg, OR97470 93-6088946	Foundation	OR	501(c)(3)	7	MMC
Mercy Medical Center 2700 Stewart Parkway Roseburg, OR97470 93-0386868	Hospital	OR	501(c)(3)	3	CHI
Franciscan Villa of South Milwuakee Inc 3601 South Chicago Avenue South Milwuakee, WI53172 39-1093829	Healthcare	WI	501(c)(3)	9	CHI
Enumclaw Community Hospital 1450 Battersby Avenue Enumclaw, WA98022 91-0715805	Hospital	WA	501(c)(3)	3	FHS
Franciscan Foundation 1717 South J Street Tacoma, WA98405 91-1145592	Fundraising	WA	501(c)(3)	9	FHS
Franciscan Health System FKA Franciscan 1717 South J Street Tacoma, WA98405 91-0564491	Healthcare	WA	501(c)(3)	3	CHI
Franciscan Medical Group 1708 South Yakima Avenue Tacoma, WA98405 91-1939739	Healthcare	WA	501(c)(3)	9	FHS
St Joseph Medical Center Foundation In 7601 Osler Drive Towson, MD21204 52-1681044	Fundraising	MD	501(c)(3)	7	SJMC
St Joseph Medical Center Inc 7601 Osler Drive Towson, MD21204 52-0591461	Hospital	MD	501(c)(3)	3	CHI
St Joseph Physician Enterprises 7601 Osler Drive Towson, MD21204 52-1311775	Physicians	MD	501(c)(3)	11a	CHI
Samaritan Health Foundation 2222 Philadelphia Drive Dayton, OH45406 23-7296923	Foundation	OH	501(c)(3)	7	SHP
Mercy Hospital of Valley City 570 Chautauqua Boulevard Valley City, ND58072 45-0226553	Hospital	ND	501(c)(3)	3	CHI
Mercy Medical Center 1301 15th Avenue West Willison, ND58801 45-0231183	Healthcare	ND	501(c)(3)	3	CHI

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Mercy Medical Foundation 1301 15th Avenue West Willison, ND58801 45-0381803	Foundation	ND	501(c)(3)	11a	MMC
Samaritan Health Partners 2222 Philadelphia Drive Dayton, OH45406 31-1107411	Healthcare	OH	501(c)(3)	11a	CHI
St Vincent Foundation Two St Vincent Circle Little Rock, AR72205 51-0169537	Fundraising	AR	501(c)(3)	11a	SVIMC
Auxiliary of Holy Rosary Hospital Inc 351 SW 9th Street Ontario, OR97914 94-3059469	Hospital	OR	501(c)(3)	9	HRMC
The Mercy Hospital of Devils Lake Fdn 1031 East Seventh Street Devils Lake, ND58301 35-2367360	Foundation	ND	501(c)(3)	11a	MHDL
Alegent Health - Bergan Mercy Health Sys 7500 Mercy Road Omaha, NE68124 47-0484764	Hospital	NE	501(c)(3)	3	CHI
Alegent Health - Mercy Hospital Corning PO Box 368 Corning, IA50841 42-0782518	Hospital	IA	501(c)(3)	3	AHBMHS
Mercy Health Care Foundation PO Box 368 Corning, IA50841 42-1461064	Foundation	NE	501(c)(3)	11a	AHMH
Mercy Hospital Foundation Council Bluff 800 Mercy Drive Council Bluffs, IA51503 42-1178204	Foundation	IA	501(c)(3)	11a	N/A

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Superior Medical Imaging LLC 5000 North 26th Street Lincoln, NE68521 26-2884555	OP Diagnostics	NE	SERMC	Related	1	1	Yes				No
Central Nebraska Rehab Services 3004 W Faidley Ave Grand Island, NE68802 81-0653461	Physical Therapy	NE	CHI	Related	1	1		No			No
Mercy West Endoscopy LLC 1601 NW 114th St Suite 244 Clive, IA50325 90-0129077	Ambulatory Surg	IA	CHI-IA Corp	Related	1,690,849	2,016,353		No			No
Audubon Land Company LLC 5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 84-1513085	Real Estate	CO	THC	Related		9,259,533		No			No
Breckenridge Medical Clinic LLC 555 South Park Avenue Plaza 11 Breckenridge, CO80424 65-1295958	Medical Clinic	CO	THC	Related				No			No
Penrad Imaging 1390 Kelly Johnson Blvd Colorado Springs, CO80920 84-1072619	Medical Imaging	CO	THC	Related	314,771	9,836,292		No			No
St Anthony Regional Mtn Cancer Center 4231 W 16th Avenue Denver, CO80112 37-1568013	Cancer Center	CO	THC	Related	-242,741	546,966		No			No
St Francis Land Company 5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 26-3134100	Real Estate	CO	THC	Related	-66,738	15,439,923		No			No
OrthoColorado LLC 11650 West 2nd Place Lakewood, CO80255 37-1577105	Ortho Hospital	CO	THC	Related		2,821,680		No			No
Mercy Outpateint Surgery Center LLC 1512 12th A Nampa, ID83686 84-1380439	Surgery Center	ID	MMC	Related	-484,585	1,129,360		No		Yes	
Penninsula Radiation Oncology 314 Martin Luther King Jr Way 11 Tacoma, WA98405 87-0808610	Healthcare Srvc	WA	FHS	Related	282,899	2,387,702		No			No
Healthcare Support Services LLC PO Box 9804 Grand Island, NE688029804 72-1546196	Laundry	NE	CHI	Related	73,817	3,912,695		No	-88,608		No
Bluegrass Regional Imaging Center 1218 South Broadway Suite 310 Lexington, KY40504 61-1386736	Diagnostic	KY	SJ HospitalLex	Related	260,714	4,317,057		No			No
Ambulatory Surgery Cntr Rsbg LLC 2750 W Harvard Roseburg, OR97471 93-1293442	Day Surgery	OR	Mercy Medical	Related	190,224	2,092,370		No		Yes	
North River Surgery Center LLC 2209 Wildwood Avenue Sherwood, AR72120 71-0799771	Ambul Surg Ctr	AR	SVIMC	Related	-42,795	1,650,592		No			No
CHI Operating Investment Program LP 9780 Mt Pyramid Court 3rd Floor Englewood, CO80112 47-0727942	Investments	CO	CHI	Investment	58,022	4,069,968		No		Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Percentage ownership
Mercy Health Services Corporation 2727 McClelland Blvd Joplin, MO64804 43-1457881	DME	MO	St John's RMC	C Corp	-17,953	2,093,683	100 %
Mountain Management Services Inc 6028D Shallowford Road Chattanooga, TN37422 62-1570739	mgmt svc org	TN	MHCS	C Corp	383,380	11,783,040	100 %
MedQuest 1602 West 11th Street Williston, ND58801 45-0392137	Sale of DME	ND	MHof Williston	C Corp	38,645	921,119	100 %
St Anthony Development Company 1415 Southgate Pendleton, OR97801 93-1216943	Athletic Club	OR	St Anthony H	C Corp	17,998	3,142,823	100 %
Healthcare Management Inc 555 South 70th Street Lincoln, NE68510 47-0662703	Billing Services	NE	NA	C Corp			
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE68848 47-0659440	MEDICAL CLINIC	NE	GSHS	C Corp			100 %
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE68848 47-0664558	MANAGEMENT	NE	GSHS	C Corp	17,676	1,769,891	100 %
Mercy Park Apartments Ltd 1111 6th Avenue Des Moines, IA50314 42-1202422	Housing	IA	CHI-IA Corp	C Corp	23,229	1,878,898	100 %
Des Moines Medical Center Inc 1111 6th Avenue Des Moines, IA50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corp	-56,189	1,093,386	91 13 %
Comcare Services 4261 W 16th Avenue Denver, CO80204 84-0904813	Inactive	CO	CHIC	C Corp			100 %
Mednow Inc 1512 12th A Nampa, ID83686 82-0389927	Outpat Pharmacy	ID	Mercy Med Ctr	C Corp	4,534,408	5,348,476	100 %
Saint Clare's Primary Care Inc 66 Ford Road Denville, NJ07834 22-2441202	Billing Services	NJ	SCCC	C Corp	-483,820	2,590,487	100 %
Healthcare Mgmt Services Org Inc 1149 Market Tacoma, WA98402 91-1865474	Health Org	WA	FHS	C Corp			100 %
Physician Health System Network 1149 Market Tacoma, WA98402 91-1746721	Health Org	WA	FHS	C Corp			100 %
Saint Clare's Health Care Solutions Inc 66 Ford Road Denville, NJ07834 20-4969477	Nursing	NJ	SCHCS	C Corp	-81,617		100 %
Mercy Services Corp 2700 Stewart Parkway Roseburg, OR97471 93-0824308	Retail Sales	OR	Mercy Medical	C Corp	-276,939	1,649,984	100 %
Caduceus Medical Associates Inc 6028 Shallowford Road Suite D Chattanooga, TN37422 62-1570736	Healthcare	TN	MHCS	C Corp		1,008	100 %
CENTRAL KANSAS HEALTH SERVICES ASSOCIATI 3515 Broadway Great Bend, KS67530 48-1042853	MEDICAL EQUIPMENT	KS	CKMC	C Corp	100	-309,321	100 %
St Vincent Community Health Services In Two St Vincent Circle Little Rock, AR72205 71-0710785	Healthcare	AR	SVIMC	C Corp	1,018,000	10,399,000	100 %
Alternative Insurance Management Service 3900 Olymic Boulevard Suite 400 Erlanger, KY41018 84-1112049		CO	N/A	C Corp		4,445,439	100 %
Nazareth Assurance Company 76 St Paul Street Suite 500 Burlington, VT05401 03-0304831	Insurance	VT	CHI	C Corp	262	5,695	100 %
Franciscan Services Inc 9780 Mt Pyramid Ct Englewood, CO80112 23-2487967	Healthcare	CO	CHI	C Corp	-252,887	7,815,631	100 %
ST JOESPH DEVELOPMENT CO 1717 SOUTH J STREET TACOMA, WA98405 91-1480569	PROPERTY MGMT	WA	FSI	C CORP	1,153,946	11,984,725	100 %
TOWSON MANAGEMENT INC 7601 OSLER DRIVE TOWSON, MD21204 52-1710750	PROPERTY MGMT	MD	FSI	C CORP	74,937	474,456	100 %
SJH SERVICES INC 9780 MT PYRAMID CT ENLEWOOD, CO80112 23-2307408	HEALTHCARE	CO	FSI	C CORP	106,864	3,481,247	100 %

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Alegent Health-Bergan Mercy Health System	k	828,996
(2)	Bluegrass Imaging	k	422,019
(3)	Carrington Health Center	k	1,750,359
(4)	Central Kansas Medical Center	k	7,072,562
(5)	Central Nebraska HOME CARE SERVICES	k	51,000
(6)	Centura Health Corporation	k	25,643,111
(7)	CHI Colorado	k	10,971,896
(8)	CHI Iowa Corp	k	80,528,041
(9)	Continuing Care	k	1,010,576
(10)	Dayton Heart & Vascular Hospital	k	334,269
(11)	Enumclaw Hospital	k	1,064,912
(12)	Flaget Healthcare Inc	k	7,512,071
(13)	Franciscan Health Services	k	95,455,708
(14)	Franciscan Villa	k	1,818,742
(15)	Fransician Medical Group	k	1,619
(16)	Gettysburg Medical Center	k	274,357
(17)	Good Samaritan Health Systems	k	25,883,642
(18)	The Good Samaritan Hospital of Cincinnati	k	10,046,556
(19)	Good Samaritan Outreach Services	k	2,101
(20)	Good Samaritan Hospital Samaritan HP	k	4,067,028
(21)	Holy Rosary Medical Center	k	7,886,450
(22)	HSS Grand Island	k	36,996
(23)	Jewish Hospital & St Mary's	k	8,377,152
(24)	Lakewood Health Centers	k	2,435,009
(25)	Lisbon Area Health	k	1,092,478
(26)	Maria Joseph Living Care Center	k	963
(27)	Memorial Health Care System	k	57,796,271
(28)	Mercy Healthcare Inc	k	20,146,392
(29)	Mercy Hospital of Devils Lake	k	2,357,815
(30)	Mercy Hospital-Valley City	k	1,839,614

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(31)	St John's Mercy Clinics	k	175,282
(32)	Mercy Medical Center - Centerville	k	224,530
(33)	Mercy Medical Center-Durango	k	11,935,072
(34)	Mercy Medical Center-Nampa	k	12,921,875
(35)	Mercy Medical Center-Williston	k	5,822,201
(36)	Mercy Physicians Group	k	18,374
(37)	Nebraska Surgery Center	k	9,874
(38)	Oakes Community Hospital	k	985,559
(39)	Oregon Surgery Center	k	1,916
(40)	Samaritan Family Care	k	195,251
(41)	Samaritan Health Partners	k	2,613,657
(42)	St Anthony Regional Cancer Center	k	38,264
(43)	St Clare Health System	k	19,250,144
(44)	St Anthony Hospital Association	k	170,933
(45)	St Anthony Hospital	k	5,775,935
(46)	St Catherine Hospital	k	10,928,443
(47)	St Elizabeth Health Services	k	3,285,607
(48)	St Elizabeth Foundation	k	1,322,211
(49)	St Elizabeth Health Systems	k	39,614,945
(50)	St Francis Medical Center-Breckenridge	k	4,342,229
(51)	St Francis Medical Center-Grand Island	k	16,868,189
(52)	St John's Regional Medical Center	k	33,942,906
(53)	St Joseph Community Health	k	6,700
(54)	St Joseph Health Ministries-Lancaster	k	245,304
(55)	St Joseph Health System - Lexington	k	38,716,920
(56)	St Joseph Healthcare System-Albuquerque	k	294,916
(57)	St Joseph Medical Center-Towson	k	34,400,996
(58)	St Joseph Regional Health Network	k	23,008,377
(59)	St Joseph's Area Health Services	k	5,941,527
(60)	St Joseph's Hospital and Health Center	k	4,657,438

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(61)	St Mary's Healthcare Center	k	6,900,348
(62)	St Mary's Community Hospital	k	2,359,430
(63)	St Vincent Health System	k	36,169,290
(64)	Summit Hospital	k	524,477
(65)	Unity Family Healthcare	k	7,253,700
(66)	Villa Nazareth	k	1,800,114
(67)	Alegent Health-Bergan Mercy Health System	a	3,323,114
(68)	Alverna Apartments	a	93,841
(69)	Carrington Health Center	a	76,885
(70)	Central Kansas Medical Center	a	410,127
(71)	CHI Colorado	a	4,177,164
(72)	CHI Iowa Corp	a	8,261,586
(73)	Flaget Healthcare Inc	a	1,239,042
(74)	Franciscan Health Services	a	9,153,298
(75)	Franciscan Villa	a	291,882
(76)	Good Samaritan Health Systems	a	2,298,574
(77)	The Good Samaritan Hospital of Cincinnati	a	8,030,992
(78)	Good Samaritan Hospital Samaritan HP	a	9,077,276
(79)	Holy Rosary Medical Center	a	1,219,102
(80)	Lakewood Health Centers	a	225,406
(81)	Lisbon Area Health	a	97,579
(82)	Memorial Health Care System	a	2,658,308
(83)	Mercy Healthcare Inc	a	2,667,647
(84)	Mercy Lifecare Systems	a	155,770
(85)	Mercy Medical Center - Centerville	a	93,662
(86)	Mercy Medical Center-Durango	a	4,152,062
(87)	Mercy Medical Center-Nampa	a	104,522
(88)	Mercy Medical Center-Williston	a	267,162
(89)	Oakes Community Hospital	a	336,624
(90)	St Clare Health System	a	4,653,199

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(91)	St Anthony Hospital	a	651,418
(92)	St Catherine Hospital	a	1,081,834
(93)	St Elizabeth Health Services	a	852,064
(94)	St Elizabeth Health Systems	a	4,369,004
(95)	St Francis Medical Center-Breckenridge	a	717,721
(96)	St Francis Medical Center-Grand Island	a	113,510
(97)	St John's Regional Medical Center	a	2,004,436
(98)	St Joseph Health System - Lexington	a	8,257,707
(99)	St Joseph Medical Center-Towson	a	6,591,028
(100)	St Joseph Regional Health Network	a	7,351,013
(101)	St Joseph's Area Health Services	a	103,906
(102)	St Joseph's Hospital and Health Center	a	229,490
(103)	St Mary's Healthcare Center	a	63,782
(104)	St Mary's Community Hospital	a	71,562
(105)	St Vincent Health System	a	4,008,367
(106)	Unity Family Healthcare	a	1,195,090
(107)	Universal Health Corp	a	29,025
(108)	Villa Nazareth	a	317,559
(109)	Bishop Drumm Retirement Center	p	274,630
(110)	Carrington Health Center	p	284,328
(111)	Central Iowa Cyberknife	p	6,219
(112)	Central Kansas Medical Center	p	1,152,597
(113)	Central NE Rehabilitaion Services	p	69,030
(114)	CENTRAL NEBRASKA HOME CARE	p	25,681
(115)	Centura Health Corporation	p	153,843
(116)	Centura Homecare LLC	p	145,056
(117)	CHI Colorado	p	20,098,205
(118)	CHI Iowa Corp	p	8,319,581
(119)	Continuing Care	p	54,529
(120)	Enumclaw Hospital	p	521,162

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(121)	Flaget Healthcare Inc	p	764,930
(122)	Franciscan Health Services	p	18,456,941
(123)	Franciscan Villa	p	519,356
(124)	Fransician Medical Group	p	846,408
(125)	Gettysburg Medical Center	p	88,839
(126)	Good Samaritan Health Systems	p	2,542,247
(127)	The Good Samaritan Hospital of Cincinnati	p	7,453,888
(128)	Grand Island Imaging Center	p	20,635
(129)	Health SET	p	3,333
(130)	Healthcare Laundry Services	p	7,867
(131)	Holy Rosary Medical Center	p	1,176,903
(132)	Kearney Imaging Center	p	9,792
(133)	Lakewood Health Centers	p	198,080
(134)	Lisbon Area Health	p	138,211
(135)	Mednow	p	27,954
(136)	Memorial Health Care System	p	9,154,271
(137)	Mercy Healthcare Inc	p	4,404,287
(138)	Mercy Hospital of Devils Lake	p	322,435
(139)	Mercy Hospital-Valley City	p	104,781
(140)	Mercy Medical Center - Centerville	p	210,587
(141)	Mercy Medical Center-Durango	p	1,945,196
(142)	Mercy Medical Center-Nampa	p	1,600,878
(143)	Mercy Medical Center-Williston	p	839,120
(144)	MNMCH Inc	p	31,225
(145)	Mobile Imaging of Kansas	p	6,882
(146)	Nebraska Surgery Center	p	21,627
(147)	Oakes Community Hospital	p	203,582
(148)	Oregon Surgery Center	p	13,201
(149)	SARMED	p	26,386
(150)	Sentinel Health	p	1,526

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(151)	St Clare Health System	p	6,021,499
(152)	SET of Colorado	p	4,021
(153)	SET of Pueblo	p	2,363
(154)	St Anthony Hospital Association	p	229,942
(155)	St Anthony Hospital	p	831,479
(156)	St Catherine Hospital	p	1,449,941
(157)	St Elizabeth Health Services	p	873,125
(158)	St Elizabeth Health Systems	p	3,980,659
(159)	St Francis Medical Center-Breckenridge	p	495,804
(160)	St Francis Medical Center-Grand Island	p	1,978,582
(161)	St John's Regional Medical Center	p	5,212,406
(162)	St Joseph Community Health Foundation	p	641
(163)	St Joseph Health Ministries-Alburquerque	p	4,536
(164)	St Joseph Development Co	p	91,237
(165)	St Joseph Health Ministries-Lancaster	p	6,522
(166)	St Joseph Health System - Lexington	p	14,456,441
(167)	St Joseph Medical Center-Towson	p	6,179,487
(168)	St Joseph Memorial Hospital	p	149,588
(169)	St Joseph Regional Health Network	p	4,725,300
(170)	St Joseph's Area Health Services	p	574,183
(171)	St Joseph's Hospital and Health Center	p	768,172
(172)	St Mary's Healthcare Center	p	639,859
(173)	St Mary's Community Hospital	p	182,258
(174)	St Vincent Health System	p	6,587,761
(175)	Total Health Care	p	269,870
(176)	Unity Family Healthcare	p	678,061
(177)	Villa Nazareth	p	328,871
(178)	CHI Colorado	b	144,270
(179)	Flaget Healthcare Inc	b	72,530
(180)	Franciscan Health Services	b	118,290

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(181)	Good Samaritan Foundation	b	120,569
(182)	Good Samaritan Health Systems	b	45,100
(183)	Memorial Health Care System	b	37,806
(184)	Mercy Medical Center-Nampa	b	150,155
(185)	SET of Colorado	b	125,000
(186)	St Catherine Hospital	b	66,965
(187)	St Elizabeth Foundation	b	159,100
(188)	St Francis Medical Center-Grand Island	b	64,653
(189)	St John's Regional Medical Center	b	81,048
(190)	St Joseph Community Health	b	317,110
(191)	St Joseph Health System - Lexington	b	144,561
(192)	St Joseph Medical Center-Towson	b	197,250
(193)	St Joseph's Area Health Services	b	58,925
(194)	St Mary's Community Hospital	b	61,026
(195)	St Vincent Foundation	b	29,199
(196)	Unity Family Healthcare	b	105,000
(197)	Villa Nazareth	b	22,000
(198)	Alegent Health-Bergan Mercy Health System	r	8,829,128
(199)	Alverna Apartments	r	78,237
(200)	CARITAS Physician's Group Inc	r	34,644
(201)	Carrington Health Center	r	320,502
(202)	Central Kansas Medical Center	r	962,322
(203)	CHI Colorado	r	15,878,473
(204)	CHI Iowa Corp	r	7,368,381
(205)	Flaget Healthcare Inc	r	1,583,921
(206)	Franciscan Health Services	r	13,201,765
(207)	Franciscan Villa	r	512,651
(208)	Good Samaritan Health Systems	r	4,750,586
(209)	The Good Samaritan Hospital of Cincinnati	r	9,026,458
(210)	Good Samaritan Hospital Samaritan HP	r	9,698,417

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(211)	Holy Rosary Medical Center	r	1,715,558
(212)	Jewish Hospital & St Mary's	r	4,455,279
(213)	Lakewood Health Centers	r	389,041
(214)	Lisbon Area Health	r	139,787
(215)	Maria Joseph Living Care Center	r	1,314,087
(216)	Memorial Health Care System	r	6,274,799
(217)	Mercy Healthcare Inc	r	4,178,047
(218)	Mercy Lifecare Systems	r	649,347
(219)	Mercy Medical Center - Centerville	r	134,171
(220)	Mercy Medical Center-Durango	r	2,980,243
(221)	Mercy Medical Center-Nampa	r	603,867
(222)	Mercy Medical Center-Williston	r	1,532,528
(223)	Mercy Park Apartments	r	62,106
(224)	Oakes Community Hospital	r	146,025
(225)	St Clare Health System	r	790,217
(226)	St Anthony Hospital	r	850,872
(227)	St Catherine Hospital	r	636,918
(228)	St Elizabeth Health Services	r	1,104,256
(229)	St Elizabeth Health Systems	r	2,198,689
(230)	St Francis Medical Center-Breckenridge	r	1,195,810
(231)	St Francis Medical Center-Grand Island	r	1,254,120
(232)	St John's Regional Medical Center	r	5,876,559
(233)	St Joseph Health System - Lexington	r	3,829,362
(234)	St Joseph Medical Center-Towson	r	23,807,813
(235)	St Joseph Regional Health Network	r	1,157,143
(236)	St Joseph's Area Health Services	r	500,673
(237)	St Joseph's Hospital and Health Center	r	1,084,925
(238)	St Mary's Healthcare Center	r	568,556
(239)	St Mary's Community Hospital	r	85,893
(240)	St Vincent Health System	r	8,918,642

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(241)	Unity Family Healthcare	r	1,760,134
(242)	Universal Health Corp	r	120,993
(243)	Villa Nazareth	r	452,703
(244)	Central Kansas Medical Center	d	6,200,000
(245)	CHI Colorado	d	25,000,000
(246)	CHI Iowa Corp	d	54,200,000
(247)	Franciscan Health Services	d	90,000,000
(248)	St Joseph Health System - Lexington	d	63,015,227
(249)	St Joseph Medical Center-Towson	d	6,000,000
(250)	St Joseph's Area Health Services	d	1,800,000
(251)	St Vincent Health System	d	16,558,246

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TY 2008 Other Deductions Schedule

Name: Catholic Health Initiatives

EIN: 47-0617373

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
BANK SERVICE CHARGES	13,017	
LOC CHARGES	1,653	
MANAGEMENT FEES	120,000	
AUDIT FEES	66,000	
ACTUARIAL FEES	269,148	
GOVERNMENT LICENSE FEES	10,191	
CONSULTING FEES	30,000	
LEGAL EXPENSES	73,671	
ADMINISTRATIVE EXPENSES	114,752	
MISCELLANEOUS EXPENSES	6,250	
INSPECTIONS	6,265	

Additional Data

Software ID:
Software Version:
EIN: 47-0617373
Name: Catholic Health Initiatives

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kevin Lofton , Chief Executive Officer	60.0	X		X				2,130,075	217	46,074
Blackford Middleton MD , Trustee	2.0	X						579	1,719	
Mary Jo Potter , Trustee	2.0	X							968	
Phyllis Hughes RSM DrPH , Board Chair	4.0	X		X						
Maureen Comer OP , Trustee	2.0	X								
Andrea Lee IHM PhD , Trustee	2.0	X								
Mary Margaret Mooney PBVM DNSc , Trustee	2.0	X								
Bruce Siegel MD , Trustee	2.0	X								
Eleanor Martin SCN Esq , Trustee	2.0	X								
David Edwards , Trustee	2.0	X								
Patricia Smith OSF JCD PhD , Trustee	2.0	X								
Martha Walsh SC RN , Trustee	2.0	X								
Michael O'Boyle , Trustee	4.0	X						19,316		
Robert Smoldt , Trustee	2.0	X								
DAVID LINCOLN , Vice Chair	2.0	X		X						
Colleen Blye , CFO and Treasurer	60.0			X				1,107,087		47,199
Michael Fordyce , Chief Administrative Officer	60.0			X				906,187		44,940
Mitch Melfi , General Counsel / Secretary	60.0			X				659,883		44,600
Paul Neumann , General Counsel / Secretary	60.0			X				829,118	4,059	44,037
Joyce Ross , Assistant Secretary	60.0			X				397,326		32,838
Michael Rowan , Chief Operating Officer	60.0			X				1,373,643		39,734
Lynn Smith , Assistant Secretary	40.0			X				72,061		22,671
John Newton , Int Genl Counsel / Secretary	60.0			X				400,543		36,673
John Anderson , SVP and Chief Medical Officer	60.0				X			1,007,639		31,465
John Dicola , SVP Strategy	60.0				X			845,527		49,647
Thomas Kopfensteiner , SVP Mission	60.0				X			668,532		29,680
Phillip Mears , SVP Supply Chain	60.0				X			414,182		46,761
Herbert Vallier , SVP and Chief HR Officer	60.0				X			1,135,302		38,863
Deborah Lee-Eddie , SVP Operations	60.0					X		1,647,347		37,498
Mary Elizabeth O'Brien , SVP Operations	60.0					X		728,399		30,114

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Tolmie , MBO CEO	60 0					X		801,290		44,839
David Vellinga , MBO CEO	60 0					X		894,793		46,074
Joseph Wilczek , MBO CEO	60 0					X		975,688		35,480

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Assessments	900,099	829,676,766	871,249,665	917,626	
b Interest Income	900,099	101,073,340	101,073,340		
c Premiums	900,099	53,959,121	10,515,901		
d Research Revenue	900,099	4,609,646	4,609,646		
e Management Fees	541,610	3,621,220	3,621,220		